



North Carolina Department of Environment and Natural Resources  
Division of Waste Management  
Solid Waste Section

## INVOICE 2012

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Applicant Address:	Contact/Billing Information:	Facility Location Address:
	Mr. Ron Vail Engineering Department Manager Santek Environmental 650 25 <sup>th</sup> Street N.W., Suite 100 Cleveland, TN 37311	Haywood Coutny MSW Landfill 3898 Fines Creek Rd Waynesville, NC 28786

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0024	5-3-2012		\$50,000.00

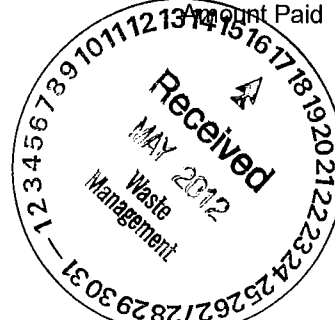
A. **Permit Fee Requirements:** Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

B. **Explanation of Invoice Amount is Based on Facility's Current Permit Application**

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
4407-MSWLF-1993	MSWLF	New – Substantial Amendment	5/1/2012	\$50,000.00	\$50,000.00
Total Amount Due					\$50,000.00
Amount Paid					\$0.00

C. **Remit Payment (including a copy of this invoice) To:**

Division of Waste Management  
Solid Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646  
Attn: Ellen Lorscheider



D. **Solid Waste Contacts:**

- Questions about billing process: Liz Patterson at (919) 707-8286 or Ellen Lorscheider at (919) 707-8445
- Questions about the Regulations and Technical Assistance:  
Ed Mussler (919) 707-8231 Landfills, Transfer Stations  
Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

**PAID**  
CK 153758 \$50,000  
5/17/2012

E. **Update Your Information:** Please indicate any changes in Facility or Contact Information.

## PERMIT APPLICATION REVIEW FORM

Review Requested by:	Allen Gaither	Date Requested:	5/3/12
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Facility Name and Permit ID	<u>Haywood County MSW Landfill Facility Permit 44-07</u>		
Applicant (Owner) Name	<u>Haywood County / Santek Environmental</u>		
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input checked="" type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> )		
Permit Fee	\$50,000		
Date Application Received	<u>5/1/12</u>		
Contact Name, Title & Phone #	<u>Ron Vail - Engineering Department Manager, (423) 303-7101</u>		
Company	<u>Santek Environmental</u>		
911 Address	<u>3898 Fines Creek Road</u>		
Mailing Address	<u>650 25<sup>th</sup> Street, N.W., Suite 100, Cleveland, TN 37311</u>		
City/State/Zip	<u>Waynesville, NC 28786</u>		
Parent Company	_____ <u>ron@santekenviro.com</u>		
Known Subsidiaries	_____		
Other known names business has operated under	_____		
Known Counties of Operation	<u>Swain</u>		
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>MSWLF, T&amp;P</u> Permit #: <u>44-03, 07 &amp; 08</u>		
Does the applicant have other DENR permits?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____		
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>		
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a <input checked="" type="checkbox"/>		
Other notes	<u>Closure &amp; Post-closure plans have not changed</u>		